

EOHHS Mentoring Program 2011 Mentor Application Checklist

We are pleased to offer you the opportunity to participate in the EOHHS Mentoring Program.

EOHHS managers, level MV and above, who are interested in serving as a mentor for this program must submit a complete application.



A complete application includes:

- ___ a) Completed Contact Information (Section I)
- ___ b) Completed Background Information (Section II)
- ___ c) Completed Questions (Section III)
- ___ d) Up-to-Date Resume (Section IV)
- ___ e) Signed Statement of Commitment (Section V)
- ___ f) Required Manager Signature (Section VI)

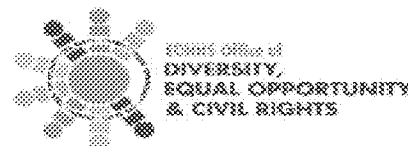
A complete application packet must contain all of the items noted above and be submitted to:

EOHHS Office of Human Resources
600 Washington Street, 7th floor
Boston, MA 02111
Attn: Mentoring Committee

Mentor applications must be received by close of business **September 30, 2011**.

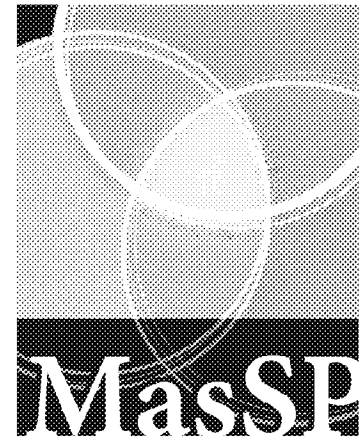
It is expected that all applicants will have completed all administrative mandatory trainings.

MasSP is a collaborative effort administered by



EOHHS Mentoring Program 2011 Mentor Application

MasSP is an integrated, Secretariat-wide program of the Commonwealth's Executive Office of Health and Human Services that is made up of three distinct programs: Mentoring, Aspiring Supervisor and Succession Planning.



Cultivating Talent in EOHHS

Mentoring

Developing Strength and Awakening Talent

Mentoring is a mutually beneficial professional development relationship. Mentees gain knowledge, skills and perspectives to advance their professional growth. In turn, Mentors enhance their coaching, counseling and leadership skills, and develop a renewed sense of enthusiasm for their role in the organization.

SECTION I: Contact Information

Name: _____

Employee ID #: _____

Agency: _____

Email Address: _____

Work Telephone: _____ **Fax:** _____

Work Address Building Name: _____

Street Address: _____ **Floor #:** _____

City: _____ **State:** _____ **Zip:** _____

Functional Title: _____

Manager's Name: _____

Manager's Email Address: _____

Manager's Telephone: _____

For reasonable accommodation requests, please contact
Lorraine Woodson at 617-348-8409 or lorraine.woodson@state.ma.us

SECTION II: Background Information

How many years have you worked for the Commonwealth? _____

How many years have you worked for your current agency? _____

Do you speak any languages other than English? If so, please list:

SECTION III: Questions

This segment of the application will be used to help match you with a mentee. Please answer each of the following in 2-4 sentences:

Describe your primary areas of expertise and skill level.

What areas of knowledge and skills would you like to pass on to a mentee?

Do you have coaching or mentoring experience? If so, please describe.

Describe why you would like to be a mentor and what you expect to achieve by participating in the Mentoring Program.

State three (3) qualities you hope to find in a mentee.

Please check 1-3 areas of knowledge and experience you would like to pass on or share with a mentee:

- ☐ Conflict resolution
 - Dealing with challenging people
 - Having difficult conversations
 - Negotiating
 - Providing corrective feedback

- ☐ Leadership development
 - Developing a vision
 - Innovative thinking
 - Leadership across differences

- ☐ Management skills
 - Managing around obstacles
 - Managing across all organizational levels
 - Managing and dealing with change
 - Understanding organizational culture

- ☐ Managing staff
 - Motivating staff
 - Building teams

Other:

SECTION IV: Required Document

Please attach a copy of your up-to-date resume.

SECTION V: Statement of Commitment

I agree to fully participate in the Mentoring Program to the best of my ability and meet all the necessary requirements including meeting or communicating with my mentee at least once per month.

Applicant Signature: _____

Date: _____

SECTION VI: Required Signature

I support the participation of _____ in the Mentoring Program.

Manager's Name (print): _____

Manager's Signature: _____ Date: _____

Submit the completed Mentor Application Packet to:

Mail EOHHS Office of Human Resources
600 Washington Street, 7th floor
Boston, MA 02111
Attn: Mentoring Committee

Fax 617-348-5672

Email Scanned copies can be emailed to
Sonia Bryan at sonia.bryan@state.ma.us

All completed applications must be received by the close of business September 30, 2011.

Selection and Matching Process:

The Mentoring Program applications will be reviewed by a panel consisting of a Human Resources Cluster Director, the EOHHS Director of Diversity, the EOHHS Director of Recruitment and Mentoring Program Workgroup Members.

We will make every effort to match mentors with mentees from the same agency. Due to significant differences in employee numbers among EOHHS agencies, there may be times when a cross-agency match is the only option.

Requirements:

All applicants who are accepted into the Mentor Program will be required to:

1. Attend one of the mandatory Mentor/Mentee Orientations:

October 27, 2011

9:00 a.m. - 12:00 p.m.

Westborough State Hospital

167 Lyman Street, Westborough

Hadley Building, Rodriguez Auditorium, 2nd Floor

October 28, 2011

9:00 a.m. - 12:00 p.m.

One Ashburton Place, Boston

21st Floor

2. Engage in monthly one-hour interactions, including in-person meetings, telephone conversations, and emails.

3. Develop and implement an approved mentee Individual Development Plan that details the skills and knowledge the mentee hopes to acquire.

4. Attend a minimum of two brown bag lunches or scheduled workshops.

5. Have completed all administrative mandatory trainings.

Thank you for your interest in the EOHHS Mentoring Program. If you have any questions regarding the program or the application process, please contact Sonia Bryan at 617-348-5728 or sonia.bryan@state.ma.us.